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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

.y under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
Custors 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
1. File Number U - 9420	2. Fiscal Year Covered From:	
,	[[] / [2005] Through: [[2] / [3]] / [2005]	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name JONN F AMAYA TERMINE	Name Local 365 UAW	
	Labor Organization File Number 03542 9	
P.O. Box, Bidg., Room No., If any Co Local 365 UANU	P.O. Box, Building and Room Number, if any	
Street 30.67 3946 AVE	Street 30,07 39+6 AVE	
city [L] Constituting (2 Marganetic Fall of St. 182 Marganetic Fall of St.	City Cardinal and Laboration and Lab	
State X ZIP Code + 4 11 0 Y	State ZIP Code + 4 III 0 I	
5. Position in labor organization.		
and the second s		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):		
	isions sectorial at the restrictions.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of	
monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification, The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the	

Form LM-30 (2003)

Name of Person Filling John Amay a	File N	umber U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Local 365 UAW Pension fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 30 07 3540 AVE  City Lice  State VI ZIP Code +4 1100	9. Business deals with:  a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Slate  ZIP Code + 4	Section 3(1) 6 f 4 h  11.b. Approximate dollar value of su  12.a. Nature of interest held or inc	ch dealing. 1.66,000,000-	
	12.b. Amount.	32,286.27	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		,	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name of Person Filing John Amaza	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Local 365 Unw Rensten Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 30 07 39 AVE  City L C  State N ZIP Code +4 1110	9. Business deals with:  a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Local 365 Pension fund is a trost in which Local 365 is interested under Secken 3(i) of the LMPDA  11.b. Approximate dollar value of such dealing. [66,000,000]  12.a. Nature of interest held or income received.  Permbursement of expenses and valve of meals, hotel and air fare selected to attendance at educational conferences/  Seminars.		
	12.b. Amount. <b>食</b> 异.00		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	er parts A and B above) or other thing of value.  14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

File Number U-

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Local 365 DAW Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 30-07 3940 AVE  City LlC  State ZIP Code + 4	9. Business deals with:  a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street	Local 365 Welfare Fund 95 9 trust 99 which Local 365 is informated under Section 3(1) of the LineDA
City  State  ZIP Code + 4  Indicated plant recommendation of the control of the c	12.a. Nature of interest held or income received.    Gross Salary received as Adminutrative of the Local 365 UAW Welfax Fund
	12.b. Amount. 32.286.77
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.